



**Missouri Form
FILM-A**

FILM PRODUCTION COMPANY VERIFICATION OF MISSOURI EXPENDITURES

EFFECTIVE JANUARY 1, 1999, THIS FORM MUST BE COMPLETED BY ALL TAXPAYERS APPLYING FOR THE QUALIFIED FILM PRODUCTION COMPANY TAX CREDIT. ACCOMPANYING DOCUMENTATION SUCH AS PAID RECEIPTS, INVOICES AND DETAILED COST ACCOUNTING RECORDS MUST BE PRESENTED IN ORDER TO VERIFY ALL MISSOURI EXPENDITURES.

PLEASE TYPE OR PRINT	NAME OF TAXPAYER/FILM PRODUCTION COMPANY		TAXPAYER FEDERAL I.D. NO.
	MAILING ADDRESS OF TAXPAYER/FILM PRODUCTION COMPANY		
	CITY	STATE	ZIP CODE

1. NAME OF PERSON COMPLETING APPLICATION	TELEPHONE NUMBER
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ADDRESS OF PERSON COMPLETING APPLICATION (STREET, P.O. BOX, CITY, STATE, ZIP CODE)
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2. LIST YOUR IN-STATE EXPENSES FOR THIS MISSOURI PROJECT. **INCLUDE ONLY YOUR COSTS FOR IN-STATE EXPENDITURES, i.e. rental/purchase of Missouri equipment, materials, products and services, including, but not limited to, Missouri lodging, Missouri food and Missouri labor (must be salaries/wages paid to Missouri residents only). Include detailed cost accounting records, paid receipts, invoices, etc. demonstrating that the expenditures were made to Missouri companies, organizations and individuals.**

PROJECT ITEM	COST	PROJECT ITEM	COST
Missouri Labor Wages/Salaries	\$	Missouri Food/Restaurant Expenses	\$
Missouri Lodging Expenses	\$	Missouri Equipment Rental/Purchase	\$
Missouri Building(s) Rental	\$	Missouri Location Fees	\$
Missouri Contracted Services (casting, security, etc.: itemize separately)	\$	Missouri Materials Rental/Purchase (set construction, wardrobe, etc.)	\$
OTHER PROJECT ITEMS	COST	OTHER PROJECT ITEMS	COST
List below (attach separate sheet(S) if necessary):		List below (attach separate sheet (s) if necessary):	
Missouri	\$	Missouri	\$
Missouri	\$	Missouri	\$
Missouri	\$	Missouri	\$
Missouri	\$	Missouri	\$
TOTAL MISSOURI PROJECT EXPENDITURES			\$

UNDER PENALTIES OF PERJURY, I (WE) DECLARE THAT I (WE) HAVE EXAMINED THIS APPLICATION, INCLUDING ANY ACCOMPANYING ATTACHMENTS AND STATEMENTS, AND TO THE BEST OF MY (OUR) KNOWLEDGE AND BELIEF, THEY ARE TRUE, CORRECT AND COMPLETE.

TAXPAYER'S OR DESIGNEE'S SIGNATURE & TITLE	DATE	PREPARER'S SIGNATURE	DATE
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MAIL ALL APPLICATIONS AND ALL RELATED INQUIRIES TO: INCENTIVES SECTION, PO BOX 118, JEFFERSON CITY, MO 65102.